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PTO/SB/21 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/830,034	
	Filing Date	Apr 23, 2004	
	First Named Inventor	WOOD, Thomas J.	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	24	Attorney Docket Number	IMED-0009-US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge deposit account No. 50-3136 any outstanding fee.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Customer Number 40575 Timothy J. Maier, Reg. No. 51,986
Signature	
Date	June 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PATENT
Customer No. 40,575
Attorney Docket No. IMED-00009-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Thomas J. WOOD) Group Art Unit: Unknown
)
Application No.: 10/830,034) Examiner: Unknown
)
Filed: April 23, 2004)
)
For: NASAL VENTILATION)
INTERFACE AND SYSTEM)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL

Sir:

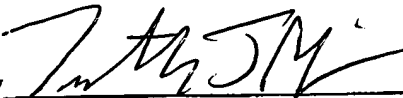
Applicant hereby petitions under 37 C.F.R. § 1.102(c) and §§ 708.01 and 708.02 III of the M.P.E.P. to make the above-identified application special on the basis that the Applicant is not available to assist in the prosecution of the application if it were to run its normal course.

As set forth in the attached Declaration, the Applicant has been receiving medical treatment for lung cancer. As established in the Declaration, in view of the Applicant's health and the policy set forth in the pertinent regulations and provisions, it is believed that this petition should be automatically granted.

Applicant understands that no fee is required for this petition. If, however, any fee is necessary, please charge it to Deposit Account No. 50-3136.

Respectfully submitted,

Keady, Olds & Maier, PLLC

By 
Timothy J. Maier
Reg. No. 51,986

TJM:JPK



PATENT
Customer No. 40,575
Attorney Docket No. IMED-00009-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Thomas J. WOOD) Group Art Unit: Unknown
Application No.: 10/830,034) Examiner: Unknown
Filed: April 23, 2004)
For: NASAL VENTILATION)
INTERFACE AND SYSTEM)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION

Sir:

I, Shara Hernandez, am the President of Innomed Technologies, the assignee of the above-identified application, as evidenced by the Assignment Recordation. I understand that this declaration is being submitted in support of a petition to make the above-identified application special.

Attached hereto are hospitalization bills showing that Applicant has been receiving extensive treatment for an aggressive form of lung cancer. Applicant has been receiving treatment since September of 2003.

By: Shara Hernandez, Pres

Shara Hernandez

President. Innomed Technologies

Attachments



**InnoMed
Technologies**

**23257 State Road 7
Suite 206 - 207
Boca Raton, FL 33428
Phone: 888-925-2526
Fax: 888-956-2526**

March 23, 2004

Dear Mr. Maier,

Enclosed are copies of invoices for Thomas Jackson Wood's recent thoracotomy. Mr. Wood is suffering from an aggressive form of lung cancer.

Sincerely,


Shara Hernandez
InnoMed Technologies
President



Saint Joseph's
Hospital of Atlanta

5665 Peachtree
Dunwoody Road
N.E.

Sponsored
by the Sisters
of Mercy

Atlanta, Georgia
30342-1764
(404) 851-7001

September 17, 2003

Mr. Thomas Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

← Dr Thomas
Seay
Atlanta Cancer Care
needs to schedule
seans -
Self pay?

Dear Mr. Wood:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 9, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$7,730.50 applying the 15% discount (\$1,159.58), the total balance due will be \$4,0470.92.
-\$2,500.00

If you should have additional questions, I can be reached at (404) 851-7239. If you receive my voice mail, please leave me a message and I will return your call promptly.

Thank you,

Timmy R. Buffin
Patient Financial Advocate

PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163

Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*75994

ME354303FJCU0004292.000036

THOMAS WOOD

11104 PARKVIEW LN

ALPHARETTA GA 30005-5414

|||||

PHYSICIAN SPEC IN ANESTHESIA,PC
P. O. BOX 102163
ATLANTA GA 30368-0163



PATIENT NAME	
THOMAS WOOD	
ACCOUNT NUMBER	STATEMENT DATE
354*75994	10/02/2003
AMOUNT DUE	AMOUNT PAID
1121.00	

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1 Amount
09/18/2003	PHILLIP H WELLS, MD	0231859	THORACIC EPIDURAL	590.00
09/19/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/20/2003	JAMES CARLSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/21/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.

Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*75994	10/02/2003			1121.00

PATIENT NAME

THOMAS WOOD

ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE
INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE,
PLEASE CALL OUR OFFICE TODAY. THANK YOU.

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.
COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT
STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION.
THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S
SERVICES. ** THANK-YOU **

CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY
ASSURANCE. IF YOU DO NOT WANT YOUR CALL MONITORED

Tax Id 581380128
Place of Service: ST. JOSEPHS HOSPITAL
Referring Doctor: JOHN E MOORE MD

MAKE CHECKS PAYABLE TO:



PHYSICIAN SPEC IN ANESTHESIA, PC

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD		
USING FOR PAYMENT <input type="checkbox"/>  <input type="checkbox"/> 		
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 09/15/03	PAY THIS AMOUNT \$ 146.00	ACCT.# 105644819
SHOW AMOUNT PAID HERE \$		

*****AUTO**MIXED AADC 350
00003448 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414



☐ Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

STATEMENT

Page: 1 of 1

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS	SITE	AMOUNT
08/27/03	78801	TUMOR LOCALIZE MULTIPLE AREAS		162.9	05 02	146.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH OUR OFFICE TO FILE A CLAIM. PLEASE CALL WITHIN THE NEXT 10 DAYS AND PROVIDE THAT INFORMATION.

* * THANK YOU * *

Please Pay This
Amount \$ 146.00

Patient : WOOD THOMAS
Account : 105644819
Site : IMAGING CENTER P
Ref Phys : JOHN MOORE MD
Att Phys : KRIS GEDGAUDAS MD

For Billing Questions Please Call:
(404)256-5193



Saint Joseph's
Hospital of Atlanta

5665 Peachtree
Dunwoody Road
N.E.

*Sponsored
by the Sisters
of Mercy*

Atlanta, Georgia
30342-1764
(404) 851-7001

September 23, 2003

Mr. Thomas J. Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

Dear Mr. Thomas:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 21, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$23,002.75 applying the 15% discount (\$3,450.43), the total balance due will be \$19,552.32.

If you should have additional questions, I can be reached at (404) 851-7239. If you receive my voice mail, please leave me a message and I will return your call promptly.

Thank you,

Timmy R. Buffin
Patient Financial Advocate

059149
ATLANTA CARDIAC & THORACIC SUR
5671 PTREE DNWOY #550
ATLANTA GA 30342

1224

ADDRESS SERVICE REQUESTED

(404) 252-9063
OFFICE PHONE NUMBER

10/01/03
CLOSING DATE

1224
YOUR ACCOUNT NUMBER

01
PAGE NO.

21066.00
NEW BALANCE

TOM WOOD
11104 PARKVIEW LANE
ALPHARETTA, GA 30005-5414

ATLANTA CARDIAC & THORACIC SUR
5671 PTREE DNWOY #550
ATLANTA, GA 30342-5013

NOTE: Charges and payments not appearing on this
statement will appear on next month's statement.

TOM WOOD
PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAIDMENTS AND CREDITS
090803	WOOD	MEDIASTINOTOMY FOR EXPLORATION, TRANS F WOOD		2850.00	
090803		MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY		1300.00	
090803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL		725.00	
091603	WOOD	POSTOP FOLLOWUP VISIT	T WOOD		
091603		ADDITIONAL DIAGNOSIS			
091803	WOOD	PULMONARY LOBECTOMY, SINGLE LOBE	T WOOD	4000.00	
091803		PULMONARY SEGMENTECTOMY		3975.00	
091803		PARTIAL PLEURECTOMY		3250.00	
091803		THORACIC LYMPHADENECTOMY, REGIONAL		830.00	
091803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL		725.00	
091803		EXCISION BENIGN LESION, TRUNK/ARM/LEG 4.		500.00	
091803		EXCISION COMPLEX WOUND, TRUNK, 2.6-7.5 CM		500.00	
091803		PULMONARY LOBECTOMY, SINGLE LOBE	T WOOD	800.00	
091803		PULMONARY SEGMENTECTOMY		795.00	
091803		PARTIAL PLEURECTOMY		850.00	
091803		THORACIC LYMPHADENECTOMY, REGIONAL		166.00	

Printed Oct 08, 2003
Requested by R Belardo

Optx

Physician Fee Ticket - ACC - by Institution and Time - Selected Patient

ACC Lake Heart, Suite 500, Atlanta, Georgia, 30342

Physician Fee Ticket - ACC - by Institution and Date									
10000 Drive, Suite 500, Atlanta, Georgia, 30342									
ACC Lake Hamm									
9920 OV New Patient H/O									
9921 OV Established Patient H/O									
9924 S Consultation H/O									
A4550 Procedure Tray BM, LP									
*82962 Accucheck - Glucose									
38220 Bone Marrow Aspiration (ONLY)									
38221 Bone Marrow Biopsy/Aspiration									
82270 Lumbar Puncture									
99195 Phlebotomy - Therapeutic									
*94780 Pulse Oximetry									
38415 Venipuncture									
85007 Blood Smear, w/man diff WBC									
85025 CBC Comp. Auto/Diff									
85027 CBC Comp. Auto									
82270 Hemocult (up to 3)									
85044 Reticulocyte Count, Manual									
85651 Sedimentation Rate									
J9016 Alidaleulin (L-2122MU) SDV									
J9010 Alemtuzumab (Campath) 10 mg									
J9040 Bleomycin (Blenoxane) 15U									
J9046 Carboplatin (Paraplatin) 50 mg									
J9080 Cisplatin (Platinol) 10 mg									
J9083 Cytarabine 100 mg									
J9100 Cytarabine (ARA-C) 100 mg									
J9130 Decarbazine (DTIC) 100 mg									
J9170 Doxorubicin (Adria) 20 mg									
J9000 Doxorubicin (Adria) 10 mg									
J9001 Doxorubicin (Adria) 10 mg									
J9181 Etoposide (Vepesid, VP16) 10mg									
J8580 Etoposide, Oral 50mg									
J9185 Fludarabine (Fludara) 50 mg									
J9200 Fluorouracil (5-FU) 500 mg									
J9190 Gemcitabine (Gemzar) 200 mg									
J9201 Gemcitabine (Gemzar) 200 mg									
J9208 Ifosfamide (Ifex) 1 gm									
J9214 Interferon, Alpha-2b (Intron) 1 MU									
J9208 Irinotecan (Camptosar) 20 mg									
J9208 Leuprolide (Lupron) 7.5 mg									
J9217 Leuprolide (Lupron) 7.5 mg									
J9208 Mefen 200 mg									
J0896 Ceftriaxone (Roocephin) 250 mg									
J3490TA Cimetidine (Tagamet) 300 mg									
S0023 Cimetidine (Tagamet) 300 mg									
- NON MEDICARE									
J0880 Darbepoetin Alfa (Aranesp) 5mcg									
J1100 Decamethasone (Decadren) 1 mg									
J1190 Dexamethasone (Zincard) 250 mg									
J1200 Diphenhydramine (Benadryl) 50 mg									
J1280 Dolasetron (Anzemet) 10 mg									
Q0126 Epoetin Alpha Injection									
(Non ESRD) 1000units									
Q89 Epoetin Alpha Inj ESRD 1000units									
J1440 Filgrastim (Neupogen) 300 mcg									
J1441 Filgrastim (Neupogen) 480 mcg									
J1826 Granisetron (Kytril) 100 mcg									
J1720 Hydrocortisone Sodium Succ									
(Solu-cortef) 100 mg									
J1563 Immune Globulin (MG) 1 GM									
J1750 Iron Dextran (Imferon) 50 mg									
J0640 Leucovorin 50 mg									
*J8488AT Lorazepam (Ativan) 1 mg Tablet									
J2080 Lorazepam (Ativan) 2mg Injection									

09/08	FIBEROPTIC CART	87150053	1	439.75
09/08	ARTERIAL KIT-ANES	87150063	1	39.75
09/08	SUTURE/SINGLE	87510819	9	153.00
09/08	SYRINGES, DISP	87510824	1	7.00
09/08	CHAMBERLAIN PROCEDURE/MOORE	87600367	1	367.25
09/08	MEDIASTINOSCOPY/MOORE	87600369	1	218.75
09/09	PERSONAL PAYMENT	15000036	1	-2500.00
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	DILAUDID 2 MG 1CC	73024033	1	23.25
09/09	LAC.RINGERS 1000CC	73033919	1	60.50

TOTAL CHARGES	7720.50
PAYMENTS/ADJUSTMENTS	-2500.00
BALANCE	5220.50

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 AMX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/17/2003

PAGE 1 OF 3

FEI # 58-0566257

PATIENT NAME	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
WOOD, THOMAS	00698866	105674147	09/08/2003	09/09/2003	1

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: A

INSURANCE POLICY
 PRVT PAY 256780063

THOMAS WOOD
 11104 PARKVIEW LN
 ALPHARETTA GA 30005

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
09/08	ELECTROCARDIOGRAM	71200006	1	88.00
09/08	EKG PROF FEE	71200023	1	21.50
09/08	CHEST PORT	72100099	1	222.50
09/08	ATIVAN 2MG IV * (LORAZEPAM)	73020278	1	64.00
09/08	FENTANYL 5 CC **	73024020	1	29.75
09/08	DILAUDID 2 MG 1CC	73024033	1	23.25
09/08	DILAUDID 2 MG 1CC	73024033	1	23.25
09/08	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/08	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/08	FENTANYL CITRATE	73024057	1	23.25
09/08	MIDAZOLAM HCL	73029871	1	23.75
09/08	VERSED 1MG/ML 2ML INJ	73029871	1	23.75
09/08	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/08	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/08	LAC RINGERS 1000CC	73033919	1	60.50
09/08	APRESOLINE 20MG VIAL * (HYDRALAZINE)	73040535	1	48.00
09/08	MORPHINE 15MG/ML INJ	73041078	1	23.25
09/08	METOCLOPRAMIDE HCL	73047496	1	4.25
09/08	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/08	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/08	MARCAINE 0.5% 50ML	73047807	1	44.75
09/08	FAMOTIDINE	73048805	1	9.75
09/08	SODIUM CITRATE (ALK)/CITRIC AC	73049016	1	4.25
09/08	DIPRIVAN 20ML AMP	73079978	1	73.50
09/08	ANESTHES 2.50 HR	73500006	1	438.25
09/08	2.5 HOURS (O R)	75100008	1	2281.00
09/08	1 HR PACU CII	75500029	1	475.00
09/08	0.5 HR PSA CII	75500100	1	189.25
09/08	ASSIST/ARTERIAL	75500222	1	84.50
09/08	REC 2 HRS	77200082	1	566.00
09/08	INJECTION, IM	77200404	1	75.00
09/08	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/08	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/08	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/08	PROTIME W/ INR	78942851	1	61.50
09/08	PTT	78942950	1	57.75
09/08	ABO TYPE	79220356	1	5.25
09/08	RH TYPE	79220364	1	22.75
09/08	SHORT TERM OXYOEN THERAPY	87340008	1	64.00
09/08	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/08	SHORT TERM OXYGEN THERAPY	87340008	1	64.00

Medical Statements

Sept. 27, 2003

Shara,

Faxing 8 pages. (cover sheet makes 9)

These represent additional medical bills and are not duplications of any sent in the previous fax.

Also included for your records is the receipt showing Tom's payment of \$2500.00 to St. Joseph's Hospital.

I will try to get additional statements fax'd to you as soon as they arrive. Not sure how many are yet to come for services already rendered.

Incidentals such as prescription meds, support brace, etc. are insignificant at this point....totalling something like \$90-100...so these are not included. I mention this only as another medical expense detail in case the cost of such items should continue to mount and become problematic.

Dr. Moore's office called Friday ... said Dr. Seay (oncologist) would be contacting Tom to set up appointment. We expect to hear from him Monday.

Tom is to have a "fresh" chest xr and take results with him for follow-up visit with Dr. Moore on Oct 7th.

Anita

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 ANX 68
ATLANTA, GA 30368
404-851-5882

STATEMENT DATE 09/23/2003

PAGE 4 OF 4

FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J

MEDICAL

ACCOUNT

ADMISSION

DISCHARGE

RECORD

NUMBER

DATE

DATE

DAYS

SSN 256-78-0063

00698866

105724058

09/18/2003

09/21/2003

3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P

ACCT TYPE: I

THOMAS WOOD

11104 PARKVIEW LN

ALPHARETTA GA 30005

INSURANCE

POLICY

PRVT PAY

256780063

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
----- SUMMARY OF DETAIL CHARGES -----				
	MEDICAL/SURGICAL		1	540.00
	INTENSIVE CARE, MEDICAL		2	4400.00
	PHARMACY		21	1518.00
	IV SOLUTION		9	489.25
	MED/SURG SUPPLY		6	435.50
	NON STERILE SUPPLY		2	544.75
	STERILE SUPPLY		46	5015.75
	LABORATORY		4	258.75
	CHEMISTRY		9	611.50
	IMMUNOLOGY		3	90.50
	HEMATOLOGY		3	127.50
	BACTERIOLOGY & MICROBIOLOGY		1	75.25
	UROLOGY		2	48.25
	CYTOLOGY		2	353.75
	HISTOLOGY		13	2121.50
	CHEST X-RAY		4	890.00
	O/R SUPPLY & TIME		3	3309.50
	ANESTHESIA		1	565.50
	RESPIRATORY SVC		6	124.50
	DRUGS REQUIRING DETAIL CODING		7	151.50
	RECOVERY ROOM		2	975.00
	(EKG/ECG) TELEMETRY		2	356.50

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/23/2003

PAGE 3 OF 4

FBI # 58-0566257

PATIENT NAME

PATIENT NAME	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAY8
WOOD, THOMAS J	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
(CONTINUED FROM PREVIOUS PAGE)				
09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/19	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/19	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/19	CBC AUTOMATED W/DIFF -HEM	79455002	1	69.75
09/19	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/19	OXY CANN CONT	87340001	1	71.75
09/19	OXY FACE TENT CONT	87340003	1	134.00
09/20	TELEMETRY STEP DOWN	60000005	1	540.00
09/20	CHEST PORT	72100099	1	222.50
09/20	SENOKOT-8 TAB	73012649	1	3.50
09/20	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/20	DEX 5%/WATER 50CC	73033969	1	47.75
09/20	DEX 5%/WATER 50CC	73033969	1	47.75
09/20	BENADRYL AMPS 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/20	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/20	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/20	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/20	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/20	CULTURE, URINE -BAC	79111860	1	75.25
09/20	BLOOD SMEAR, MANUAL DIFF-HEM	79440408	1	37.50
09/20	URINALYSIS	79447009	1	28.25
09/20	ICTOTEST -HEM	79447132	1	20.00
09/20	CBC AUTOMATED W/DIFF -HEM	79455002	1	69.75
09/20	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/20	TELEMETRY	80000224	1	178.25
09/20	OXY CANN CONT	87340001	1	71.75
09/20	PUMP/PRIMARY UNVENT	87581264	1	47.00
09/21	CHEST PORT	72100099	1	222.50
09/21	SENOKOT-8 TAB	73012649	1	3.50
09/21	RX AEROSOL SUBSEQUENT	73410061	1	20.75
09/21	COMPLETE CBC, AUTO-HEM	79455556	1	45.00
09/21	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/21	TELEMETRY	80000224	1	178.25
09/21	OXY CANN CONT	87340001	1	71.75

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 107046 ANX 68
ATLANTA, GA 30368
404-851 5882

STATEMENT DATE 09/23/2003

PAGE 2 OF 4

FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL	ACCOUNT	ADMISSION	DISCHARGE	
	RECORD	NUMBER	DATE	DATE	DAYS
SSN 256 78-0063	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
(CONTINUED FROM PREVIOUS PAGE)				
09/18	SURG GR MICRO LEVEL VI	78893053	1	330.25
09/18	FROZEN SECTION 1ST	78893152	1	188.25
09/18	FROZEN SECTION 1ST	78893152	1	188.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160	1	87.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160	1	87.25
09/18	PROTIME W/ INR	78942851	1	61.50
09/18	PTT	78942950	1	57.75
09/18	ABO TYPE	79220356	1	5.28
09/18	RH TYPE	79220364	1	22.75
09/18	AB SCREEN	79220505	1	62.50
09/18	COMPLETE CBC, AUTO-HEM	79455556	1	45.00
09/18	DNA CELL CYCLE ANALYSIS -FLW CYTO	79542064	1	95.00
09/18	DNA PLOIDY-P.E. FLW CYTO	79542080	1	258.75
09/18	SL BLOOD GAS	79600063	1	107.00
09/18	OR SODIUM	79600089	1	34.75
09/18	SL GLUCOSE	79600097	1	37.25
09/18	SL ION CALCIUM	79600154	1	52.75
09/18	BASIC METABOLIC PANEL -MAIN STAT	79638086	1	86.25
09/18	OR POTASSIUM	79651148	1	34.75
09/18	GOWN	80000081	1	14.50
09/18	INTRA-OP BAIR HUGGER	80000095	1	85.00
09/18	OXY CANN CONT	87340001	1	71.75
09/18	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/18	SHORT TERM OXYGEN THERAPY	87340008	1	64.00
09/18	BROCHO- TUBE	87350022	1	280.50
09/18	CONTINUOUS EPIDURAL CATHETER	87350032	1	120.25
09/18	FIBEROPTIC CART	87350053	1	459.75
09/18	ARTERIAL KIT-ANES	87350063	1	39.75
09/18	DRESSING SPONGES 4x4	87510237	1	10.50
09/18	LAP PADS DISP	87510463	1	34.50
09/18	PEANUT SPONGES	87510635	10	87.50
09/18	SUTURE/MULTI PK	87510817	2	175.50
09/18	SUTURE/SINGLE	87510819	13	221.00
09/18	TCR/TRT 55/75 REFILL	87510836	2	425.00
09/18	TL/TLV 30/60/90	87510853	2	898.50
09/18	TLC 55/75 STAPLER	87510854	1	692.25
09/18	TR/TRV 30/60/90 REFILL	87510868	7	1274.00
09/18	THORACOTOMY/MOORE	87600267	1	581.50
09/19	NEURO ICU ROOM AND BOARD	60000008	1	2200.00
09/19	CHEST PORT	72100099	1	222.50
09/19	DEX 5% 456 KCL 20MEQ 1000CC	73033884	1	81.75
09/19	DEX 5%/WATER 50CC	73033969	1	47.75
09/19	DEX 5%/WATER 50CC	73033969	1	47.75
09/19	DEX 5%/WATER 50CC	73033969	1	47.75
09/19	BENADRYL AMPE 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/19	CEFAZOLIN 1.0 GM.	73047659	1	23.25

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 ANX 68
ATLANTA, GA 30368
404-551-5882

STATEMENT DATE 09/23/2003
PAGE 1 OF 4
FEL # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL	ACCOUNT	ADMISSION	DISCHARGE	
	RECORD	NUMBER	DATE	DATE	DAYS
SSN 256-78 0063	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: I

THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005

INSURANCE POLICY
PRVT PAY 256780063

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
09/18	NEURO ICU ROOM AND BOARD	60000008	1	2200.00
09/18	CHEST PORT	72100099	1	222.50
09/18	FENTANYL 5 CC **	73024020	1	29.75
09/18	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/18	FENTANYL 2 CC **	73024057	1	23.25
09/18	VERSED 1MG/ML 5ML INJ	73024732	1	51.75
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	VERSED 1MG/ML 2ML INJ	73029871	1	23.75
09/18	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/18	LR (RINGERS SOLUTION, LACTATED)	73033919	1	60.50
09/18	DEX 5%/WATER 50CC	73033969	1	47.75
09/18	MORPHINE 15MG/ML INJ	73041078	1	23.25
09/18	ANZEMET 12.5MG INJ (DOLASETRON)	73043092	1	91.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	FAMOTIDINE	73048805	1	9.75
09/18	LIDOCAINE 2% MPF	73049401	1	23.25
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	RX AEROSOL 1ST TREATMENT	73810009	1	20.75
09/18	ANESTHES 4.50 HR	73500010	1	565.50
09/18	4.5 HOURS (O R)	75100012	1	1110.50
09/18	2 HR PACU CIII	75500048	1	785.75
09/18	1.0 HR PSA CII	75500101	1	189.25
09/18	EPIDURAL PLACEMENT	75500220	1	114.50
09/18	ASSIST/ARTERIAL	75500222	1	84.50
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL VI	78893053	1	130.25

SMO 9.5.03	2500.00				WOOD, THOMAS J.	2500.00	105674141
CASHIER'S INITIALS	DATE	CHECKS	CASH	W/CHG. VISA C & S	ACCOUNT NAME	TOTAL AMOUNT	BILLING NUMBER OR GENERAL LEDGER NO.

THE BALANCE OF YOUR HOSPITAL BILL REPORTED TO YOU BY THE CASHIER AT DISMISSAL MAY NOT INCLUDE ALL CHARGES FOR SERVICES RENDERED. ALL LATE CHARGES WILL BE POSTED TO YOUR FINAL STATEMENT.

SAINT JOSEPH'S HOSPITAL
ATLANTA, GEORGIA

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.
AND WE HOPE THAT OUR SERVICE AND PATIENT
CARE HAVE MET WITH YOUR APPROVAL.

Thank You

SAVE YOUR RECEIPTS FOR TAX PURPOSES.

1823

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 AMX 68
ATLANTA, GA 30368
404-851-5882

STATEMENT DATE 09/26/2003

PAGE 1 OF 1

FEI # 58-0566257

PATIENT NAME

PATIENT NAME	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
WOOD, THOMAS J	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: I

THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005

INSURANCE POLICY
PRVT PAY 256780063

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
----- SUMMARY OF DETAIL CHARGES -----				
	MEDICAL/SURGICAL		1	540.00
	INTENSIVE CARE, MEDICAL		2	4400.00
	PHARMACY		21	1518.00
	IV SOLUTION		9	489.25
	MED/SURG SUPPLY		6	435.50
	NON STERILE SUPPLY		2	544.75
	STERILE SUPPLY		46	5015.75
	LABORATORY		4	258.75
	CHEMISTRY		9	611.50
	IMMUNOLOGY		3	90.50
	HEMATOLOGY		3	127.50
	BACTERIOLOGY & MICROBIOLOGY		1	75.25
	UROLOGY		2	48.25
	CYTOLOGY		4	707.50
	HISTOLOGY		13	2121.50
	CHEST X-RAY		4	890.00
	O/R SUPPLY & TIME		3	3309.50
	ANESTHESIA		1	565.50
	RESPIRATORY SVC		6	124.50
	DRUGS REQUIRING DETAIL CODING		7	151.50
	RECOVERY ROOM		2	975.00
	(EKG/ECG) TELEMETRY		2	356.50

TOTAL CHARGES	23356.50
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23356.50

duplicate?

81050	Urine Times Collection		J9280	Mitomycin (Mitomycin) 0.1 mg		J2175	Meperidine (Demerol) 100mg	
			J9293	Mitoxantrone (Novantrone) 5 mg		J2785	Meloclopramide (Reglan) 10 mg	
			J9285	Pacilaxel (Taxol) 30 mg		J2352	Octreotide (Sandostatin LAR) 1mg	
*99000	Specimen Handling		J9310	Rituximab (Rituxen) 100 mg		J34903A	Octreotide (Sandostatin) 50 mcg	
80048	Basic Metabolic Panel		J9350	Topotecan (Hycamtin) 4 mg		J2405	Ondansetron (Zofran) 1 mg	
87040	Blood Culture		J9356	Trealuzumab (Herceptin) 10 mg		J2430	Pamidronate (Aredia) 30 mg	
88300	CA 27.29		J9380	Vinblastine (Velban) 1 mg		J3480	Potassium Chloride 2 meq	
85304	CA 125		J9370	Vincristine (Oncovin) 1 mg		J0760	Prochlorperazine (Compazine) 10mg	
82378	CEA		J9390	Vinorelbine (Navelbine) 10 mg		J2550	Promethazine (Phenergan) 50 mg	
80053	Comp Metabolic Panel		J9202	Zoladex 3.6 mg		J2782	Rho(D) Immune Globulin 100 U's	
82576	Creatinine Clearance					J2820	Sargramostim (Leukine) 50 mcg	
80061	Electrolyte Panel					J2918	Sodium Ferric Gluconate	
82728	Ferritin, Serum						(Ferricil) 12.5 mg	
82746	Folic Acid, Serum		*8545	Provision of Chemotherapy				
80076	Hepatic Function Panel		88400	Sub-Q/M		J3370	Vancomycin 800 mg	
83815	LDM		88408	IV Push		J3420	Vitamin B12 Injection 1000 mcg	
80061	Lipid Panel		96410	IV Infusion (1 hour)		J3487	Zoledronic Acid (Zometa) 1 mg	
84153	Prostatic Specific Antigen (PSA)		96412	IV Infusion (Each add 1 hour)				
85610	PT		96414	IV CBF via pump (Initiation)				
85730	PTT		96520	Portable Pump Refill/Maint				
-TIBC	Total Iron Binding Capacity		96530	Implant Pump Refill/Maint				
34443	TSH					*J1842	Heparin Lock Flush 10 Units	
84478	Thyroid Profile T3, T4, OR THBR					J1844	Heparin Pump Flush 1000 Units	
84436	Thyroxine, Total					J7051	Saline Flush 5cc	
87088	Urine Culture (C & S)					J7030	Normal Saline 1000 ml	
82607	Vitamin B12		*38000	IV Start		J7040	Normal Saline 500 ml	
			90780	IV Infusion (1 hour)		J7060	Normal Saline (up to 250ml)	
-00549	SIEP		90781	IV Infusion (Each add 1 hour)		J7090	Dextrose 5% in water 500 ml	
-00747	SPEP		*90782	IM or SQ Injection				
-00213	UIEP		*90784	IV Injection		*A4212	Non Coring Needle (Huber)	
82784	Quantitative Immunoglobulins					*99070PA	Port Access Supplies	
	(IGA, ICG, IGM)					*99070PS	Phlebotomy Set	
-00750	UPEP					A4220	Refill Kit for Implantable Pump	

- Diagnostic -

DATE / TIME	LOCATION	DOCTOR	PATIENT #	PATIENT NAME	PHONE #	SEX	D.O.B.
Oct 06, 2003 15:30	AOC Lake Mead	Seay, Thomas	27286	Wood, Tom J	(878) 366-0253	Male	Nov 18, 1945
INSURANCE COMPANY	TODAY'S CHARGE		ADDRESS				
			11104 Park View Lane, Alpharetta, Georgia, 30005				
RESPONSIBLE PARTY	REFERRING DR.						
	Moore, J E						

Above amounts are estimates. Subject to additional review.

Physician Signature

\$464.00 Amount Due

Report Name: fee_ticket_ACC_pt.rpt- optxMANAGER

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

18466-XF08

RETURN SERVICE REQUESTED

LAST PMT: 08/29/03

AMOUNT: 320.00

☐ Please check box if address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

ADDRESSEE:

THOMAS JACKSON WOOD
11104 PARKVIEW LANE
ALPHARETTA, GA 30005-5414

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
09/08/03	\$746.00	502416
PAGE: 1 of 1		SHOW AMOUNT PAID HERE \$

PAGE: 1 of 1

SHOW AMOUNT
PAID HERE \$

REMIT TO:

300111

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

18466-XF06*11LOXWK8J000181

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description	Charge	Medicare Receipts	Insurance Receipts	Patient Receipts	Adjustments	Balance	Ins. Pend.
09/04/03	CT SCAN, HEAD/BRAIN; w/ CONTRAST AG.	646.00					646.00	
09/04/03	Non-Ionic Contrast	100.00					100.00	

** Payment is due upon receipt. Thank you. **

Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending	Now Due
746.00	0.00	0.00	0.00	0.00	746.00	0.00	746.00

Message

Account Number

502416

Statement Date

09/08/03

Make Checks Payable To:

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

Billing Questions

(770) 664-7777

18466-XF06*11LOXWK8J000181

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD USING FOR PAYMENT		
CARD NUMBER	AMOUNT	
SIGNATURE		EXP. DATE
STATEMENT DATE 09/24/03	PAY THIS AMOUNT \$ 39.00	ACCT.# 105674147
SHOW AMOUNT PAID HERE \$		

*****AUTO**MIXED AADC 350
00003149 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

STATEMENT

☐ Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

Page: 1 of 1

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS SITE	AMOUNT
09/08/03	71010	XRAY CHEST SINGLE VIEW	786.6	06 01	39.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH OUR OFFICE TO FILE A CLAIM, PLEASE CALL WITHIN THE NEXT 10 DAYS AND PROVIDE THAT INFORMATION.

* * THANK YOU * *

Please Pay This
Amount \$ 39.00

Patient : WOOD THOMAS
Account : 105674147
Site : SAINT JOSEPHS HOSPITAL
Ref Phys : JOHN MOORE MD
Att Phys : DAVID S OWENS MD

For Billing Questions Please Call:
(404)256-5193

PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163

Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*898866

REF 354103EV36003Y5Y.000023
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

PATIENT NAME	
THOMAS WOOD	
ACCOUNT NUMBER	STATEMENT DATE
354*898866	09/17/2003
AMOUNT DUE	AMOUNT PAID
1829.00	

PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1 Amount
09/08/2003	REX B FOSTER, MD	00540	ANESTHESIA ADMINISTRATION	1652.00
09/08/2003	REX B FOSTER, MD	38620	ART LINE	177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.
Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*898866	09/17/2003			1829.00
PATIENT NAME		ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE, PLEASE CALL OUR OFFICE TODAY. THANK YOU.		
THOMAS WOOD				

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.
COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT
STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION
THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S
SERVICES. ** THANK-YOU **
CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY
ASSURANCE. IF YOU DO NOT WANT YOUR CALL MONITORED
PLEASE ADVISE THE REPRESENTATIVE HANDLING YOUR CALL.

Tax Id 581380128
Place of Service: ST. JOSEPHS HOSPITAL
Referring Doctor: JOHN E MOORE MD

MAKE CHECKS PAYABLE TO:
PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163
770/237-1460

FOR OFFICE USE ONLY:
TOT MINS BASE U TIME U RISK U TOT U
146 12.00 15.00 1.00 28.00

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

ATLANTA, GA 30368

Forwarding Service Requested

For Account Questions, Please Call:
404-252-1968

PLEASE MAKE CHECK PAYABLE TO

PHYSICIANS' PROFESSIONAL LAB.
PO BOX 102538
ATLANTA GA 30368-2538

|||||

CHECK CARD USING FOR PAYMENT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 09/18/2003	PAY THIS AMOUNT \$1050.00	ACCT.# 698866
Page 1 of 1		SHOW AMOUNT PAID HERE \$

*****AUTO**3-DIGIT 300
00000020 1 AT 0.292 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

|||||

Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Pl	Qty	Procedure	Description	Diag	Phys	Loc	Insurance	Patient
09/08/03	01		88307	88307-26 LEVEL V SURGICAL					1050.00
				**** Subtotal of Claim				0.00	1050.00
				**** Statement Totals ****				0.00	1050.00
								0.00	1050.00

Abbreviations/Codes

Patient: 01 - Thomas WOOD

Acct #: 698866

Comments

WE DO NOT HAVE YOUR INSURANCE INFORMATION. PLEASE CALL OUR OFFICE. THANK YOU

BALANCE FORWARD	PAYMENTS & CREDITS	TOTAL CHARGES	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW BALANCE PAY THIS AMOUNT
\$0.00	\$0.00	\$1050.00	\$0.00	\$0.00	\$0.00	\$1050.00

PHYSICIANS' PROFESSIONAL LAB.
P.O. BOX 102538
ATLANTA, GA 30368

For Account Questions, Please Call:
404-252-1968